

PAYMENT NOT REQUIRED FOR 1,2, OR 3 FAMILY DWELLING HOUSES

CITY OF CINCINNATI
Department of Buildings and Inspections
3300 Central Parkway
Cincinnati, Ohio 45225

ENGINEERING CHANGE
DATE: _____

COMPLETE IN INK - PLEASE PRINT

Street & Number Location _____ Zip Code _____

Submitted to: _____
(Plans Examiner)

NOTE: Section 1101-28.2 of the COBBC limits the use of this form only to minor changes in the work. Submit four completed forms with four sets of plans or specifications.

PLAN NO.: _____

DESCRIPTION OF CHANGE(S):

APPLICANT: _____

TITLE: _____

PHONE: _____

MAIL TO: _____

RECEIPT #: _____

FOR OFFICIAL USE ONLY

APPROVED BY:

PLAN: _____

ZONING: _____

M.S.D.: _____

STORMWATER: _____

OTHER: _____

Route to: ☐ Housing

☐ GBI

☐ HVAC